

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER San Francisco Democratic County Central Committee			Date of This Filing <u>10/26/2018</u>	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 742051		Report No. <u>102618MH</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Francisco	STATE CA	ZIP CODE 94111	No. of Pages <u>3</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other

PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER San Francisco Democratic County Central Committee			Date of This Filing <u>10/26/2018</u> Report No. <u>102618MH</u> <input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small> No. of Pages <u>3</u>	Date Stamp Page 2 of 3	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 742051				
STREET ADDRESS					
CITY San Francisco	STATE CA	ZIP CODE 94111			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/22/2018	Haney for Supervisor 2018 San Francisco, CA 94114 ID# 1398951	Matt Haney County Supervisor District 6 Jurisdiction: Other San Francisco, CA	\$347.81	11/06/2018
10/23/2018	Haney for Supervisor 2018 San Francisco, CA 94114 ID# 1398951	Matt Haney County Supervisor District 6 Jurisdiction: Other San Francisco, CA	\$42.19	11/06/2018
10/23/2018	Haney for Supervisor 2018 San Francisco, CA 94114 ID# 1398951	Matt Haney County Supervisor District 6 Jurisdiction: Other San Francisco, CA	\$28.08	11/06/2018
10/24/2018	Haney for Supervisor 2018 San Francisco, CA 94114 ID# 1398951	Matt Haney County Supervisor District 6 Jurisdiction: Other San Francisco, CA	\$447.34	11/06/2018

Reason for Amendment:

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER San Francisco Democratic County Central Committee			Date of This Filing <u>10/26/2018</u>	Date Stamp Page 3 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 742051	Report No. <u>102618MH</u>			
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Francisco	STATE CA	ZIP CODE 94111	No. of Pages <u>3</u>		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/26/2018	Haney for Supervisor 2018 San Francisco, CA 94114 ID# 1398951	Matt Haney County Supervisor District 6 Jurisdiction: Other San Francisco, CA	\$9,111.82	11/06/2018

Reason for Amendment: